Title: **Procedure - Anaphylaxis Prevention and Response**
Code: 3420P
Section: WSSDA Model Policies
Section: 3000 - Students

For students with a medically diagnosed life-threatening allergy (anaphylaxis), the district will take appropriate steps for the student's safety, including implementing a health care plan developed by the school nurse. The district will utilize the Guidelines for the Care of Students with Anaphylaxis published by the Office of the Superintendent of Public Instruction.

Parent/Guardian Responsibility
Prior to enrolling a student, the parent/guardian will inform the school in writing of the medically diagnosed allergy(ies) and risk of anaphylaxis. During enrollment parents/guardians will be instructed on reporting requirements if a student receives an allergy diagnosis in the middle of the school year. School districts will develop a process to identify students at risk for life-threatening allergies and to report this information to the school nurse. Upon receiving the diagnosis, school staff will contact the parent/guardian to develop a health plan. A health plan will be developed for each student with a medically diagnosed life-threatening allergy.

Health Plan
The school nurse (registered nurse) will develop a written plan that identifies the student's allergies, symptoms of exposure, practical strategies to minimize the risks, and how to respond in an emergency.

The principal or designee shall arrange for a consultation between the school nurse and parent/guardian prior to the first day of attendance (or within [number] of days following diagnosis) to develop and discuss the health plan. The plan will be developed by the school nurse in collaboration with parent/guardian, licensed health care provider (LHP), and appropriate school staff. If the treatment plan includes self-administration of medications, the parent/guardian, student, and staff will comply with model policy and procedure.

Students will be permitted to self-administer anaphylaxis medication if a LHP prescribed the medication for use in school hours and instructed the student on responsible use of the medication. The student must demonstrate to both the school nurse and the LHP that they have the skill level to administer the medication. The LHP will submit a written treatment plan for managing anaphylaxis and the parent/guardian will submit the LHP treatment plan to the school nurse. If the student completes these steps, then they should have their medication on them while at school, on the way to school, or at a school-sponsored activity. Parents and guardians may provide the school nurse with back up medication to be kept in a location the student can immediately access.

Annually and prior to the first day of attendance, the student health file will contain: 1) a current, completed health plan; 2) a written medical order, signed by a LHP; and 3) an adequate and current supply of auto-injectors or intranasal medication and other medications if needed. The school will also recommend to the parents/guardians that the student wear a medical alert bracelet at all times. The parents/guardians are responsible for notifying the school if the student's condition changes and for providing the medical treatment order, appropriate autoinjectors or nasal spray, and other medications as ordered by the LHP.

The district will exclude from school those students who have a medically diagnosed life-threatening allergy and no medication or treatment order presented to the school to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, and pursuant to the following due process requirements:

1. Written notice to the parents/guardians or persons in loco parentis is delivered in person , by certified mail or email;

2. Notice of the applicable laws, including a copy of the laws and rules; and

3. The order that the student will be excluded from school immediately and until medications and a medical order are presented.
4. The student's and parents' right to a hearing to challenge the decision

Communications Plan and Responsibility of School Staff
After the health plan is developed, the school principal or a designee will inform appropriate staff regarding the affected student. The school nurse (registered nurse) will train appropriate staff regarding the affected student and the nursing care plan. The plan will be distributed to appropriate staff and placed in appropriate locations in the district (classroom, office, school bus, lunchroom, near playground, etc.). With the permission of parents/guardian and the student, (if appropriate), other students and parents may be given information about anaphylaxis to support the student's safety and control to exposure to allergens.

All School Staff Training
Annually, each school principal will for an in-service training on how to minimize exposure and how to respond to an anaphylaxis emergency. The training will include a review of avoidance strategies, recognition of symptoms, the emergency protocols to respond to an anaphylaxis episode (calling 911/EMS when symptoms of anaphylaxis are first observed), and hands-on training in the use of an autoinjector and nasal spray. Training should also include notifications that more than one dose may be necessary in a prolonged anaphylaxis event.

Student-specific Training
Annually, before the start of the school year and/or before the student attends school for the first time, the school nurse will provide student-specific training and additional information to teachers, teacher's assistants, clerical staff, food service workers, and bus drivers who will have known contact with a student diagnosed with a known allergen and are implementing the nursing care plan.

Controlling the Exposure to Allergens
Controlling the exposure to allergens requires the cooperation of parent/guardians, students, the health care community, school employees, and the board. The district will inform parent/guardians of the presence of a student with life-threatening allergies in their child's classroom and/or school and the measures being taken to protect the student. Parent/guardians will be asked to limit the allergen in school lunches and snacks or other products. The district will discourage the sharing of food, utensils, and containers. The district will take other precautions such as appropriate cleaning of eating surfaces, avoiding the use of party balloons or contact with latex gloves. Additionally, play areas will be specified that are lowest risk for the affected student.

The district will also identify high-risk events and areas for students with life-threatening allergies, such as foods and beverages brought to school for seasonal events, school equipment, and curricular materials used by large numbers of students (play-dough, stuffed toys, science projects, etc.), and implement appropriate accommodations.
During school-sponsored activities, appropriate supervisors, staff, and parent/guardians will be made aware of the identity of the student with life-threatening allergies, the allergens, symptoms, and treatment. The lead teacher will ensure that the auto-injector is brought on field trips.

Undesignated Epinephrine
District Prescription and Standing Order Protocol
The district will may maintain a supply of undesignated epinephrine autoinjectors or nasal spray that will be prescribed in the name of the district by a licensed health professional with the authority to prescribe epinephrine. The district prescription is valid for one school year only and will need to be renewed prior to the start of each school year. A standing order and prescription from a licensed health care provider may be used for the purposes of maintaining and administering undesignated epinephrine autoinjectors.

Each prescription must be accompanied by a standing order for the administration of school-supplied epinephrine autoinjectors for potentially life-threatening allergic reactions. The standing order protocol should include specific symptoms of anaphylaxis, the dose of medication, and directions to summon emergency medical services (EMS 911) upon observance of symptoms of anaphylaxis. Parent/guardian notification should occur as soon as possible after EMS is notified.

Donation
The district will obtain epinephrine autoinjectors or nasal spray directly from an appropriate practitioner, pharmacist, medical facility, drug manufacturer, or drug wholesaler. All epinephrine must be accompanied by a prescription.

Storage/maintenance/expiration/disposal
School staff will comply with all manufacturer's instructions as to storage, maintenance, expiration, and disposal of epinephrine. School staff will also comply with district medication policy and procedures related to safe, secure management of medications.

Administration
Epinephrine may be used on all school property, including buildings, playgrounds, and school buses. For school-sponsored events and field trips, the school nurse or designated trained school personnel may carry an appropriate supply of school-supplied epinephrine. This does not negate the need to carry the supply of epinephrine devices belonging to students with known anaphylaxis.

In the event a student without a current prescription on file with the school or a student with undiagnosed anaphylaxis experiences an anaphylactic event, the school nurse may utilize the school supply of epinephrine to respond under the standing order protocol.
In the event a student with a current prescription for epinephrine on file at the school experiences an anaphylactic event, the school nurse or designated trained school personnel may use the school supply of epinephrine to respond if the student's supply is not immediately available. If a student has been approved to self-administer medication, they may do so in the event of an anaphylactic event.

The district will maintain all practices regarding prescriptions and self-medication for children with existing epinephrine prescriptions and/or a guided anaphylaxis care plan. Parents/guardians of students with identified life-threatening allergies must continue to provide the school with appropriate medication and treatment orders pursuant to RCW 28A.210.320, Life-Threatening Conditions.

Employee Opt-Out
School employees (except licensed nurses) who have not previously agreed in writing to the use of epinephrine autoinjectors as part of their job description may file a written letter of refusal to administer epinephrine autoinjectors with the districts. The employee's refusal may not serve as grounds for discharge, non-renewal, or other action adversely affecting the employee's contract status.

No Liability
If the school employee or school nurse who administers epinephrine to a student substantially complies with the student's prescription (that has been prescribed by a licensed health professional within the scope of the professional's prescriptive authority) or a statewide standing order and the district's policy on anaphylaxis prevention and response, the employee, nurse, district, superintendent, and board are not liable for any criminal action or civil damages that result from the administration.

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Management Resources:

- 2024 - October Issue
- 2018 - August 2018 - August Policy Issue
- 2013 - December Issue
- 2012 - August Issue
- 2009 - February Issue

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